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## Eliminating health disparities for Asian Americans and Pacific Islanders

BY CONG. BOB FILNER

Communities across the country are grappling with widespread health disparities. In 2000, approximately eight percent of white Americans were considered to be in poor or fair health. In contrast, nearly 13 percent of Hispanics, 14 percent of African Americans, and 17 percent of Native Americans were in fair or poor health. Racial and ethnic minorities are less likely to receive prenatal care or dental care; receive certain diagnostic procedures and treatments for heart disease; or receive a mammogram. While racial and ethnic minorities represent only about one-third of the non-elderly U.S. population, they represent more than half of uninsured Americans.

Asian Americans and Pacific Islanders face significant health disparities. The rate of hepatitis B was more than twice as high among Asian Americans and Pacific Islanders than among whites in 2001. Women of Vietnamese origin suffer from cervical cancer at nearly five times the rate for white women. Vietnamese men suffer from liver and intrahepatic bile duct cancer at more than 10 times the rate for white men. In 2001, this group also had the highest tuberculosis rates of any other racial and ethnic group.

Asian Americans and Pacific Islanders face barriers when accessing health care. Asian Americans and Pacific Islanders have substantially higher uninsured rates than white Americans (19 percent vs. 12 percent). Asian Americans and Pacific Islanders are more likely to have no usual source of health care than white Americans (21 percent vs. 15 percent). Asian Americans and Pacific Islanders are also more likely to have not visited a health care provider in the past year than white Americans (20 percent vs. 15 percent).

Democrats have a comprehensive plan to address these health disparities. The Democratic Health Care Equity and Accountability Act of 2003 that I have cosponsored in Congress would:

- Reduce the number of minorities without health insurance, by expanding Medicare and CHIP

- Remove language and cultural barriers to help patients with limited English proficiency

- Expand programs that address the shortage of minority health care providers

- Increase funding for programs to reduce health disparities

- Promote accountability by requiring new data collection on race, ethnicity, and primary language and creating minority health offices at Food and Drug Administration and the agency running Medicare and Medicaid

- Strengthen health institutions that serve minorities through new loans and grants

Democrats launched the first national strategy to address racial and ethnic health disparities. The Clinton Administration initiated the Health People 2010 initiative, which was designed to eliminate the longstanding disparities in health status that affect racial and ethnic minorities. For the first time, the federal government set high national health goals for all Americans, ending a practice of separate, lower goals for racial and ethnic minorities. The nation now seeks to end health disparities in cancer, diabetes, and other areas by 2010.

Republicans undermine key programs designed to improve minority health. Despite the compelling need, Republicans cut funding for the Office of Minority Health by 15 percent and cut billions from Medicaid, which is often the only source of health insurance for minorities.

Rather than addressing the problems highlighted by the Department of Health and Human Services researchers through the Healthy People 2010 initiative, investing more in research, and improving access to care, the Bush Administration simply revised a federal report to play down the imbalances in health status and access to care.

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